MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07049

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg
LENGTH OF STAY (in this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 336 E. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg
STREET ADDRESS (If rural, give location): 336 E. Main Street

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) Amanda (Last) Allen

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franklin Achy

14. MOTHER'S MAIDEN NAME: Mahala Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Naomi A. White 336 East Main St. Emmitsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Cerebral Thrombosis	8 HOURS
(204.0)	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	YEARS
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: CHRONIC LYMPHATIC LEUKEMIA 6 YEARS; FRACTURE LEFT FEMUR 10 DAYS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to June 7, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 8.40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Allison M.D. 267 Baltimore St. Gettysburg, Pa. 7/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: JULY 10/1953 — NAME OF CEMETERY OR CREMATORY: BETHEL CEMETERY — LOCATION (City, town, or county) (State): DORCHESTER CO. Md.

DATE REC'D BY LOCAL REG.: July 7-1953 — REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR: H. L. Allison — ADDRESS: Emmitsburg, Md.

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JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07050

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 413 West South Street

3. NAME OF DECEASED: (First) ALBERT (Middle) FRANKLIN (Last) BAKER
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 3, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Baker
14. MOTHER'S MAIDEN NAME: Lydia Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr. Walter H. Baker, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5
Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 4 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Intestinal obstruction — 2 weeks
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — ?

19a. DATE OF OPERATION: 3 July '53
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction, caecum, due to adhesions
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 June, 1953, to 7 July, 1953, that I last saw the deceased alive on 8 July, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H. Pilgram, M. D.
ADDRESS: Frederick, Md.
DATE SIGNED: 9 July '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 11, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10 July 1953
REGISTRAR'S SIGNATURE: Frank R. Smith Jr.
DEPUTY LOCAL REGISTRAR
24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

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JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07051

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Frederick; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural give location) E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) LESTER (Middle) LAWRENCE (Last) BALTZELL

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH: Dec 9, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Ford Motor Co. Detroit

11. BIRTHPLACE (State or foreign country): Thurmont Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Baltzell

14. MOTHER'S MAIDEN NAME: Amanda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 219-01-6818

17. INFORMANT & ADDRESS: Mrs John Styles, Thurmont, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Congestive cardiac failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease

DUE TO

(c)

Interval Between Onset And Death: 12 hours / several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, asthma, liver cirhosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE Cyrus A. Ottobaw (Degree or title) M.D. ADDRESS 620 Fairfax Ave. Frederick, Md. DATE SIGNED July 8, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF July 10, 1953; NAME OF CEMETERY OR CREMATORY United Brethren; LOCATION (City, town, or county) Thurmont, Fred. Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 10 July 1953

REGISTRAR'S SIGNATURE Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR ADDRESS M. L. Creager & Son, Thurmont Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Burkittsville
LENGTH OF STAY (In this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville Rural
STREET ADDRESS (If rural, give location) Foot of Mountain Road

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Ann (Last) Bear
4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-30 1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Fink
14. MOTHER'S MAIDEN NAME Susan Ann Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS J. W. Bear Burkittsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) cerebral vascular accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to July 23, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE William W Onsor (Degree or title) MD ADDRESS Brunswick, Md DATE SIGNED 7/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-25-53
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) Burkittsville Md (State)

DATE REC'D BY LOCAL REG. 7-29-53
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR C. H. Fink & Bro Brunswick Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Co. Emergency Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location) Little

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Thomas (Last) Little

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH June 30, 1953
9. AGE last birthday yrs. If under 1 year Months. Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James G. Dean
14. MOTHER'S MAIDEN NAME Shirley M. Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Shirley M. Little Middletown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exhaustion

762.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 2.45 pm. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H Laurence Fahney MD
ADDRESS Frederick Md
DATE SIGNED 7-3-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 3, 1953
NAME OF CEMETERY OR CREMATORY St. Pauls Z
LOCATION (City, town, or county) (State) Myersville Fred Co. Md

DATE REC'D BY LOCAL REG. 3 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR Paul F. Little
ADDRESS Myersville Md.

2163182411

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M 3 1 T

RECEIVED
JUL 7. 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]054

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Damascus
STREET ADDRESS (If rural give location) R.F.D. Monrovia.

3. NAME OF DECEASED: (Type or Print) (First) M. Emory (Middle) W. (Last) Burdette, Sr.

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: July 30, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Manager - A Gude
10b. KIND OF BUSINESS OR INDUSTRY: Sons Nurseries
11. BIRTHPLACE (State or foreign country): Browningsville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. Lincoln Burdette
14. MOTHER'S MAIDEN NAME: G. Ellen King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-30-8978
17. INFORMANT & ADDRESS: Mrs Susie E. Burdette, Monrovia, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1953, to July 30, 1953 that I last saw the deceased alive on July 30, 1953, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre M.D. ADDRESS Frederick, Md. DATE SIGNED 7/30/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 2, 1953
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) (State) Browningsville, Md.

DATE REC'D BY LOCAL REGISTRAR 1 Aug 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Airy-Rural RD#5
STREET ADDRESS (If rural give location): Near Mount Airy

3. NAME OF DECEASED: (First) Iva (Middle) VIRGINIA (Last) Burke
4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: 26 March 1906
9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Wright
14. MOTHER'S MAIDEN NAME: Vinnie Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John W. Burke, RD#5, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acut Nephritis — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Septic Sore Throat

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & Myocarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1953, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 9.45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. A. Sears M.D. ADDRESS: Frederick, Md. DATE SIGNED: 7/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 27 July 1953
NAME OF CEMETERY OR CREMATORY: Providence Cemetery
LOCATION (City, town, or county) (State): Kemptown, Maryland

DATE REC'D BY LOCAL REGISTRAR: 27 July 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Hoch.
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '56

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 25 East South Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural give location): 25 East South Street

3. NAME OF DECEASED: (Type or Print) (First) KATIE (Middle) ALBERTA (Last) BUSSARD

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Jan. 12, 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bussard

14. MOTHER'S MAIDEN NAME: Elizabeth Himes

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Ralph O. Koontz, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4201 Immediate cause	(a) Coronary thrombosis	20 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Myocarditis	20 yrs+
	(c) DUE TO Arterio-Sclerosis	20 yrs+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1948 to July 27.., 1953 that I last saw the deceased alive on July 27, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Frederick, Maryland DATE SIGNED: 7/28/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 29, 1953
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Middletown, Maryland
ADDRESS

DATE REC'D BY LOCAL REGISTRAR: 28 July 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Steele

24. FUNERAL DIRECTOR: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 29 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 613 North Bentz Street

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) MAY (Last) DANNER

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: March 31, 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Lee Layman

14. MOTHER'S MAIDEN NAME: Lillie Kate Baumgardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Louis F. Danner, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(26.x) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: No

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1953, to July 22, 1953 that I last saw the deceased alive on July 22, 1953, and that death occurred at 10:00 A.m. from the causes and on the date stated above.

SIGNATURE: L. A. Pearre (Degree or title) M.D. ADDRESS: Frederick, Md. DATE SIGNED: 7/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 25, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 23 July 1953
REGISTRAR'S SIGNATURE: Elizabeth L. Hoke

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A1b

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]058

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 East B. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 59 Tanney Apts.

3. NAME OF DECEASED: (Type or Print) (First) OSCAR (Middle) HENRY (Last) DENNIS

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 3, 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Block Shaper Operator

10b. KIND OF BUSINESS OR INDUSTRY: Brush Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Dennis

14. MOTHER'S MAIDEN NAME: Carrie Elsrode

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-10-1917

17. INFORMANT & ADDRESS: 59 Tanney Apts. Mrs. Ruth M. Madden, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death 5/18/53

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1 ..., 19 53, to 7/23, 19 53, that I last saw the deceased alive on 7/24, 19 53, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Brunswick, Maryland DATE SIGNED 7/24/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 25, 1953 — NAME OF CEMETERY OR CREMATORY St. Johns Cemetery — LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 24 July 1953 — REGISTRAR'S SIGNATURE Eugenia L. Burke

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07059

CERTIFICATE OF DEATH

Reg. Dist. No. 181

M

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown
LENGTH OF STAY (in this place) About 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR TOWN Adamstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) F. (Last) DeROSE

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: September 26, 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Dr. H. Robert DeRose, Adamstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) DUE TO Acute cardiac decompensation — Interval Between Onset And Death: 8 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Bronchopneumonia — 6 days

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile keratoses with malignant degeneration — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25, 1953, to 7/2, 1953, that I last saw the deceased alive on 7/2, 1953 and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 7/3/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

DATE THEREOF July 6, 1953

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 July 1953

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 [illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural, give location) 42 E Patrick

3. NAME OF DECEASED (Type or Print): (First) NATHAN (Middle) JOSEPH (Last) ENGLAND

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 25 1866

9. AGE last birthday: 87 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. England

14. MOTHER'S MAIDEN NAME: Mary Ellen Hendry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Nathan England

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Heart disease	15+ yrs
	(c) Gen. Arterio-Sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypostatic Bronchio-pneumonia	3 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 7/13, 1953, that I last saw the deceased alive on 7/12, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles H Corley Jr M.D. | Frederick, Md. | 7/13/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/15/53 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Frederick Md

DATE REC'D BY LOCAL REG. 14 July 1953 | REGISTRAR'S SIGNATURE: Elizabeth G. Hess

24. FUNERAL DIRECTOR | ADDRESS: Henry E. Cantlon Frederick Md.

RECEIVED
JUL 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07061

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 McMurray Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 112 McMurray Street

3 NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) HARRY (Last) ENGLE

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): WIDOWER
8. DATE OF BIRTH: Jan. 2,1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if ~~retired~~ Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Fertilizer Company
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John M. Engle
14. MOTHER'S MAIDEN NAME: Anna C. Wiles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16 SOCIAL SECURITY NO.: 214-10-5237
17. INFORMANT & ADDRESS: 112 McMurray Street, Mrs. Leonard P. Allison, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of Prostate DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 1 yr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1951, to 7-20, 1953, that I last saw the deceased alive on 7-20, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE U. G. Bourne Jr (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 7/21/1953

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial DATE THEREOF July 23,1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 21 July 1953 REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1953
BUREAU V. S.

Item 18 Film G156 7-23-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR MYERSVILLE
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS HIGH BROOK KENNELS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR MYERSVILLE
STREET ADDRESS (If rural, give location) HIGH BROOK KENNELS

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) FRANCIS (Last) ERWIN
4. DATE OF DEATH (Month) JULY (Day) 2 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH NOV. 14, 1911
9. AGE last birthday 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dog breeder
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Richard S. Sawyer
14. MOTHER'S MAIDEN NAME Jane Cullinan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Jane Sawyer, Deland, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

871.0 Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) 1. Accidental toxic overdose of pheonobarbital
(c) 2. Barbiturate addiction

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D., 620 Lee Place, Frederick, Md. 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-6-1953
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Floy M. Bittle
24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 3 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK-Rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS EMERGENCY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALKERSVILLE MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ELMER (Last) FILLER
4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) WIDOWED
8. DATE OF BIRTH: 9-14-1870
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: TENANT
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL H. FILLER
14. MOTHER'S MAIDEN NAME: ELLIS.VA. SNYDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-7182
17. INFORMANT AND ADDRESS: MRS ELLIS.VA. ETZLER WALKERSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial hypertrophy & dilatation	2 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c) Cerebral contusion	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign hypertrophy prostate — 6 weeks, 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1948, to 14 July, 1953, that I last saw the deceased alive on 14 July, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE James P. Glover Jr. (Degree or title) MD ADDRESS Walkersville Md DATE SIGNED 15 July 1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF ## 7-17-53
NAME OF CEMETERY OR CREMATORY CHAPEL
LOCATION (City, town, or county) nr, LIBERTYTOWN (State) M D

DATE REC'D BY LOCAL REG. 15 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G.C.BARTON ADDRESS WALKERSVILLE MD.

RECEIVED
JUL 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C C64

CERTIFICATE OF DEATH

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) J. (Last) Fitzgerald

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 6. 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas L Fitzgerald

14. MOTHER'S MAIDEN NAME: Hester D. Dick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Frank Fitzgerald Emmitsburg MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertensive cardio Vascular Disease — several years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1953 to July 7, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.
SIGNATURE W. R. Cadle M.D (Degree or title) ADDRESS Emmitsburg DATE SIGNED 7-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July. 10. 1953 NAME OF CEMETERY OR CREMATORY St. Anthony Cem. LOCATION (City, town, or county) (State) St. Anthony Fredk. Co. MD

DATE REC'D BY LOCAL REGISTRAR July 10 1953 REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son. Thurmont. MD

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Myersville
STREET ADDRESS (If rural, give location) Nr. Wolfsville

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ETHEL IRENE FRUSHOUR
4. DATE OF DEATH: (Month) (Day) (Year) July 13 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Mar 14, 1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cyrus Winfield
14. MOTHER'S MAIDEN NAME: Creola Haine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-28-5895
17. INFORMANT & ADDRESS: E. L. Frushour, Smithsburg Md R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Tumor of Brain	6 months
	DUE TO (c) Adenoma of Left Lower Lobe (Lung)	1948

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948
19b. MAJOR FINDINGS OF OPERATION: Adenoma of Left Lung Lower Lobe
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13 1953 to July 13 1953 that I last saw the deceased alive on July 13 1953 and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE G. G. Rohder (DEGREE OR TITLE) M.D. ADDRESS Smithsburg DATE SIGNED 7/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 17, 1953
NAME OF CEMETERY OR CREMATORY St. Marks Lutheran
LOCATION (City, town, or county) Wolfsville (State) Fredc. Md

DATE REC'D BY LOCAL REG. July 17, 1953
REGISTRAR'S SIGNATURE Floy M. Bittle
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville Md. ADDRESS

A. V. H.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1
BUREAU V. S.

07066

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 2 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural give location) 118 1 St. Avenue

3. NAME OF DECEASED: (Type or Print) (First) DORIS (Middle) DINDORE (Last) FUNK

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1908

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence L. Dindore

14. MOTHER'S MAIDEN NAME: Harriett Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John B. Funk, 118 1 St. Avenue, Brunswick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF BREST — Interval Between Onset And Death: 2½ Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) METASTASES TO RIBS AND BRAIN — 3 Weeks

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: March 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Brest

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to July 17, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE A. A. Searre (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 7/20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 20, 1953 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 July 1953 REGISTRAR'S SIGNATURE Elizabeth L. Fech.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1953
REAU V. S.

07067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital-Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Johnsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L (Last) Geisbert

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Oct. 7, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonathan Geisbert

14. MOTHER'S MAIDEN NAME: Blanche Wachter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. William Geisbert Johnsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) DUE TO Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953 to July 29, 1953 that I last saw the deceased alive on July 28, 1953, and that death occurred at 11 P:M from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Messler M. D. Johnsville ADDRESS DATE SIGNED Jul 31,

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 2 1953

NAME OF CEMETERY OR CREMATORY Utica Cemetery

LOCATION (City, town, or county) Utica (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 1 August 1953

REGISTRAR'S SIGNATURE Elizabeth G. Hack

24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17068

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 west "B" St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 107 west "B" St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Millard (Last) Hahn

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-6-96

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles N. Hahn

14. MOTHER'S MAIDEN NAME: Jennie F. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Bessie M Hahn Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 20 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-, 1947, to 7-2-, 1953, that I last saw the deceased alive on 7-2-, 1953, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Brunswick, Md. DATE SIGNED 7-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-5-53

NAME OF CEMETERY OR CREMATORY: Park Heights

LOCATION (City, town, or county) (State): Brunswick Maryland

DATE REC'D BY LOCAL REG.: July 3-53

REGISTRAR'S SIGNATURE: Kathryn N. Tolson

24. FUNERAL DIRECTOR: C.W. Feete & Bro ADDRESS: Brunswick, Md.

VS: A15

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural- Urbana — LENGTH OF STAY (In this place) 50 yrs.	~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural- Urbana
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) South West of Frederick-Md.

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Virginia	(Last) Haller	4. DATE OF DEATH	(Month) July (Day) 12 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed	8. DATE OF BIRTH Dec. 9-1868	9. AGE last birthday 84 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas Geesey		14. MOTHER'S MAIDEN NAME Alice Snook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Norman O. Haller-Monrovia-Md.(Son)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial infarct

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1953, to July 12, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Kline M.D. ADDRESS Frederick Md DATE SIGNED July 14 53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE July 15-1953	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick- Maryland
DATE REC'D BY LOCAL REG. 14 July 1953	REGISTRAR'S SIGNATURE Elizabeth G. Hack.	24. FUNERAL DIRECTOR C.E.Cline and Son- Frederick- Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 15 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Legore
LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Legore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Legore
STREET ADDRESS (If rural, give location) Legore

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) CLINTON (Last) HARTSOCK

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1953

5. SEX Male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH Aug 11-1880

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill

10b. KIND OF BUSINESS OR INDUSTRY Lime Plant

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas H. Hartsock

14. MOTHER'S MAIDEN NAME Mary O'Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-2092

17. INFORMANT AND ADDRESS Ruth Hartsock, Legore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma of Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953 and that death occurred at 5:00 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Messler M.D. ADDRESS Union Bridge DATE SIGNED July 3, 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 5-1953

NAME OF CEMETERY OR CREMATORY Oak Hill

LOCATION (City, town, or county) Woodsboro, Md (State)

DATE REC'D BY LOCAL REG. July 5-1953

REGISTRAR'S SIGNATURE L. C. Powell

24. FUNERAL DIRECTOR Powell & Harbin ADDRESS Woodsboro, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 12/13/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 122 Athol Ave.

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) H. (Last) Hodder
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6/5/1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Hodder
14. MOTHER'S MAIDEN NAME Annie Spedden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-09-8816
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	5 Yrs.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/13, 1948, to 7/18, 1953, that I last saw the deceased alive on 7/18, 1953, and that death occurred at 12:50P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J B Lyon, M.D. ADDRESS State Sanatorium, Md. DATE SIGNED 7/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 21 1953
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) Delta (State) Md

DATE REC'D BY LOCAL REG. 7/20/53
REGISTRAR'S SIGNATURE J B Lyon
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Fairmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 124 7th Ave.

3. NAME OF DECEASED: (Type or Print) (First) M. (Middle) George W. (Last) Holler
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 11-6-85
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R. Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Geo. W. Holler
14. MOTHER'S MAIDEN NAME: Mary Glover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-12-2522
17. INFORMANT & ADDRESS: Mrs Ella M. Holler, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage DUE TO — Interval Between Onset And Death: 1 day
Antecedent causes (b) Arteriosclerosis DUE TO
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 5-45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) G. A. Geare M.D. ADDRESS Frederick Md DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-16-53
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Lovettsville (State) Virginia
DATE REC'D BY LOCAL REGISTRAR 15 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hecke
24. FUNERAL DIRECTOR C. H. Keefer & Bro ADDRESS Brunswick, Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick *Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #5

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick *Rural
STREET ADDRESS (If rural give location) R.F.D.#5

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) PHILIP (Last) HOLTER
4. DATE OF DEATH: (Month) July (Day) 14, (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: May 14,1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Peter Holter
14. MOTHER'S MAIDEN NAME: Mahalia Coblentz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. William P. Holter, Frederick, R.F.D.#5,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
4 1 X Immediate cause	(a) DUE TO	Lobar pneumonia	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	arteriosclerotic heart disease	2 mo.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

SIGNATURE Rex R. Martin (Degree or title) M.D. ADDRESS Frederick,Maryland DATE SIGNED 7/14/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16,1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick,Maryland
DATE REC'D BY LOCAL REGISTRAR 14 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick,Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 700 East Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) H. (Last) HOUCK
4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: 1 Feb 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Adam Nusbaum
14. MOTHER'S MAIDEN NAME: Elizabeth Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 700 E. Patrick St., Mrs. Viola E. Gubisch, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
Immediate cause (a) Chronic Myocarditis DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO (c) Heart Block

Interval Between Onset And Death: 7yr. + Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to July 25, 1953 that I last saw the deceased alive on July 24, 1953 and that death occurred at 2:30 AM from the causes and on the date stated above.
SIGNATURE M. R. Etchison (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 27 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 28 July 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 27 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hoch.
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 97075

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY LINWOOD (Last) HYATT

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept.11,1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Yardworker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E. Hyatt
14. MOTHER'S MAIDEN NAME: Emma C. Boyer

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Catherine K. Hyatt, Adamstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of liver — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia — 10 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to July 4, 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. O. Thomas M.D.
ADDRESS Frederick, Maryland
DATE SIGNED July 6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 7,1953
NAME OF CEMETERY OR CREMATORY Central Cemetery
LOCATION (City, town, or county) (State) Near New Market, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR M.R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 15 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 228 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dickerson-Rural RD#1
STREET ADDRESS (If rural give location): Furnace Ford

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 14 Jan 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 5, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Jackson

14. MOTHER'S MAIDEN NAME: Ruby Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John H. Jackson, RD#1, Dickerson, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 754.4 (a) Congenital Heart disease — Interval Between Onset And Death: life

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1953, to 7/3, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE: Samuel B. Thomas (Degree or title) M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 3 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4 July 1953 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3 July 1953 — REGISTRAR'S SIGNATURE: Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 726 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) SALOME (Middle) ELIZABETH (Last) JAMISON

4. DATE OF DEATH: (Month) July (Day) 11, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify): Widow

8. DATE OF BIRTH: Nov. 18, 1876

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Zachary Zimmerman

14. MOTHER'S MAIDEN NAME: Anna Bare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 726 North Market Street, Mrs. Lewis B. Marmang Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: 4 yrs.

422.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 4 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to July 11, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE H. A. Klein (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 7/13/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 14, 1953 NAME OF CEMETERY OR CREMATORY St. Johns Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 July 1953 REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (In this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Brunswick St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 308 Brunswick St

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Jenkins

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-26-1889

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Thomas Jenkins

14. MOTHER'S MAIDEN NAME: Elizabeth Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 705-09-2828

17. INFORMANT AND ADDRESS: Mrs Edna A. Jenkins Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia, cause	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	10 yr.
	(c) Diabetes mellitus	14 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1953, to 7-, 1953, that I last saw the deceased alive on 7, 1953, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS Brunswick Md. DATE SIGNED 7-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-27-53 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Petersville Maryland

DATE REC'D BY LOCAL REG. 7-25-53 — REGISTRAR'S SIGNATURE: Kathryn N. Brown

24. FUNERAL DIRECTOR: C. N. Fait & Bro ADDRESS: Brunswick Md.

RECEIVED
JUL 28 1953
BUREAU V. S.

07079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 wks rs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 319 Clineshart Street

3. NAME OF DECEASED: (Type or Print) (First) Nathan (Middle) (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 30, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: *******

11. BIRTHPLACE (State or foreign country): Frederick Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Joseph Ogle 179 W. All Saints St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.2

Immediate cause (a) Cardiac Lesion DUE TO "Chronic" Bronchitis

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Alcoholism DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1955, to July 2, 1953 that I last saw the deceased alive on June 30, 1953, and that death occurred at July 2/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) D. M. G. Bourne Jr. ADDRESS See street Fred. Md. DATE SIGNED 7/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 4, 1953

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) (State) Frederick Md.

DATE REC'D BY LOCAL REGISTRAR 4 July 1953

REGISTRAR'S SIGNATURE Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR Charles E. Hicks III Fred. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7680

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick *Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D2 #5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick -Rural
STREET ADDRESS (If rural give location) R.F.D. #5

3. NAME OF DECEASED: (Type or Print) (First) CLAYTON (Middle) EUGENE (Last) KEMP

4. DATE OF DEATH: (Month) July (Day) 18, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Sept.13,1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis C. Kemp

14. MOTHER'S MAIDEN NAME: Jeanette Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 218-24-1764

17. INFORMANT & ADDRESS: Mrs. Clayton E. Kemp, Frederick, R.F.D.#5, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary occlusion.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6 ....,1953, to 7/18, 1953, that I last saw the deceased alive on 7/6, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence B. Thomas, M.D.

ADDRESS Frederick, Maryland

DATE SIGNED 7/20/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 21, 1953

NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 July 1953

REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) 13 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; STREET ADDRESS (If rural give location) 411 Biggs Ave

3. NAME OF DECEASED: (Type or Print) (First) Mrs Elsie (Middle) Lee (Last)

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 26 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Foord

14. MOTHER'S MAIDEN NAME: Ida Calverton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Ida Hayward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Arteriosclerotic Heart Disease — Interval Between Onset And Death: 3 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Myocardial Insufficiency

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pernicious Anemia. — 2 years.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. No

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1953 to July 30, 1953, that I last saw the deceased alive on July 30, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Geare M.D. ADDRESS Frederick Md. DATE SIGNED 7/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7/31/1953; NAME OF CEMETERY OR CREMATORY Mt Olivet; LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REGISTRAR 31 July 1953; REGISTRAR'S SIGNATURE Elizabeth S. Hook

24. FUNERAL DIRECTOR Henry E. Early & Co. ADDRESS Frederick Md.

RECEIVED
AUG 3 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #7681

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 40 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 104 West Ninth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 104 West Ninth Street

3. NAME OF DECEASED: (First) ELLA (Middle) MAY (Last) MERCER

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 29, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther B. Lease

14. MOTHER'S MAIDEN NAME: Asceneth Poole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 104 West Ninth Street, Mrs. Ira J. Hartman, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4201 Coronary occlusion — Interval Between Onset And Death: hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 1953, to 7/9, 1953, that I last saw the deceased alive on 7/9, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE: Samuel B. Thomas, M.D. (Degree or title)
ADDRESS: Frederick, Maryland
DATE SIGNED: 7/10/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 11, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10 July 1953
REGISTRAR'S SIGNATURE: Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#5
LENGTH OF STAY (in this place): 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shookstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#5
STREET ADDRESS (If rural give location): Shookstown

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) PATRICK (Last) MUNK, SR.

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3 Nov 1892

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Supply Man

10b. KIND OF BUSINESS OR INDUSTRY: Iron & Steel Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-10-2570

17. INFORMANT & ADDRESS: Mrs. Lucy S. Munk, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Pulmonary hemorrhage — Interval Between Onset And Death: 15 mi

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Pulmonary Tuberculosis — 2 yrs
(c): Bronchial Asthma & Emphysema

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 7/24, 1953, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Talbott Brice M. D. — ADDRESS: Jefferson, Maryland — DATE SIGNED: 25 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 27 July 1953 — NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery — LOCATION (City, town, or county) (State): Near Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 27 July 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

VS. 15

RECEIVED
JUL 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODSBORO, MARYLAND
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) GRACE (Middle) M (Last) MYERS
4. DATE OF DEATH (Month) JULY (Day) 5 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1-7-1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Winfield S. Grimes
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles Robert Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE MYOCARDIAL INFARCTION	6 HRS
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY ARTERY SCLEROSIS	YRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie M.D. 620 Lee Place, Frederick, Md. 7-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 7-7-53
NAME OF CEMETERY OR CREMATORY Rocky Hill
LOCATION (City, town, or county) Woodsboro (State) Md
DATE REC'D BY LOCAL REG. 5 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
24. FUNERAL DIRECTOR Raymond L. Wright ADDRESS Union Bridge Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07084

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick R.D.#2
LENGTH OF STAY (In this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. Near Urbana

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Near Knoxville-Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) LOUISE (Last) PRY
4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: Feb.3,1897
9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Luther C. Pry
14. MOTHER'S MAIDEN NAME: Etta F. Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. William J.Wilcom, Frederick,R.D.#2,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
491X Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	56 yrs.
	(c) Cerebral diplegia	56 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D. 620 Lee Place,Frederick,Maryland 7/23/1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 25,1953
NAME OF CEMETERY OR CREMATORY Pleasantview Cemetery
LOCATION (City, town, or county) (State) Burkittsville,Maryland

DATE REC'D BY LOCAL REG. 23 July 1953
REGISTRAR'S SIGNATURE Elizabeth S. Hoke
24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick,Maryland

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JUL 27 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]85

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 112 East Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) MAE (Last) PURDY
4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5 Sept 1913
9. ACE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leslie T. Stine
14. MOTHER'S MAIDEN NAME: Mary A. Tracey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 112 E. 4th St., Lawrence L. Purdy, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 5 Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis in right auricle — ?

DUE TO

(c) Rheumatic Mitral and aortic Valvulitis and Rheumatic myocarditis — 17 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1940, to July 6, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9 July 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
9 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 354 PARK AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 354 PARK AVENUE

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) Belle (Last) PUTMAN
4. DATE OF DEATH (Month) JULY (Day) 29 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH 7-16-1866
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY OWNHOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elias Grove
14. MOTHER'S MAIDEN NAME Frederica H. Kehne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS MARSHALL L. GROVE-MT. PLEASANT- Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4220	Immediate cause	(a) CONGESTIVE HEART FAILURE	4 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	Yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an ~~Autopsy~~ ☐, Inspection ☑, ~~Inquiry~~ ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Tuine, M.D., 620 Lee Place, Frederick, Md. 7/31/53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF Aug. 1-1953
NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY
LOCATION (City, town, or county) (State) FREDERICK- Md.

DATE REC'D BY LOCAL REG. August 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR ADDRESS C.E. CLINE & SON- FREDERICK- Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (In this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 2101 N. CHARLES ST.

3. NAME OF DECEASED (Type or Print): (First) ELL (Middle) L (Last) RADCLIFFE

4. DATE OF DEATH: (Month) JULY (Day) 16, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: DEC. 14, 1906

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ANGL. SMITH

10b. KIND OF BUSINESS OR INDUSTRY: SHIPYARD

11. BIRTHPLACE (State or foreign country): W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN RADCLIFFE

14. MOTHER'S MAIDEN NAME: ANNIE KEMBLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 236-18-5998

17. INFORMANT AND ADDRESS: WIFE: FRANCES RADCLIFFE 2101 N. CHARLES ST., BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	CEREBRAL EDEMA	24 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	BRONCHOPNEUMONIA	72 HRS.
(c)	MULTIPLE FRACTURES (TIBIAE, FIBULA, ULNA)	6 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY
(CITY OR TOWN) NEAR FREDERICK (COUNTY) ON RTE 40 EAST, (STATE) FREDERICK, MD

TIME OF INJURY (Month) JULY (Day) 10 (Year) 1953 (Hour) 10 p.m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? STRUCK BY AUTO WHILE CROSSING HIGHWAY

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Durie, M.D., 620 Lee Place, Frederick, Md. July 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY U.S. NATIONAL CEMETERY
LOCATION (City, town, or county) BALTIMORE, (State) MARYLAND

DATE RECD. BY LOCAL REG. 7/17/53
REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR Wm. Cook, Inc.
ADDRESS 1212 St. Paul St.

VS-A 15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
MARYLAND
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 211 South Jefferson Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 211 South Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) MARY (Last) RHODERICK

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 28, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. Edward Feaga

14. MOTHER'S MAIDEN NAME: Martha Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ray D. Skeggs, Frederick, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Uremia	5 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio-sclerotic Heart dis.	5 yrs.
	DUE TO (c) Generalized Arterio-sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 8 July, 1953, that I last saw the deceased alive on 6 July, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Crilly Jr. M.D.
ADDRESS: Frederick Md
DATE SIGNED: 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 10, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 10 July 1953
REGISTRAR'S SIGNATURE: Frank R. Smith, Jr.
DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17089

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mountaindale
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mountaindale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) VIOLA (Last) RICE

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 12, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 7 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Greencastle Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph B. Kugler

14. MOTHER'S MAIDEN NAME: Susan Helfric

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.: 212-14-3005

17. INFORMANT & ADDRESS: Welty W. Rice Mountaindale Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 20 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — ?

DUE TO

(c) Arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1953, to July 2, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE M. Franklin Davis M.D. (Degree or Title) — ADDRESS Thurmont Md. — DATE SIGNED July 3 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 5th. 1953 — NAME OF CEMETERY OR CREMATORY: Green Hill Cem. — LOCATION (City, town, or county) Waynesboro. (State) Penna.

DATE REC'D BY LOCAL REGISTRAR July 4 1953 — REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS Thurmont Md.

VS. A15

RECEIVED
JUL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Joann (Middle) Marie (Last) Rice
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Newborn
8. DATE OF BIRTH: June 30, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ralph Eugene Rice
14. MOTHER'S MAIDEN NAME: Naomi Elizabeth Reese
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningo-myelocele, lumbar
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Jy, 1953, to 25 Jy, 1953, that I last saw the deceased alive on 25 Jy, 1953, and that death occurred at 2:40 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) R.L. Guest, MD ADDRESS 7 E. Church St. Frederick DATE SIGNED 25 Jy 53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF July 26-53
NAME OF CEMETERY OR CREMATORY Fredk Mem. Park Cem
LOCATION (City, town, or county) (State) Frederick
DATE REC'D BY LOCAL REGISTRAR 26 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hecker
24. FUNERAL DIRECTOR M. L. Creager Son
ADDRESS Thurmont

2063271404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS En Route to Fred. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) ELLEN (Last) ROBINSON
4. DATE OF DEATH: (Month) July (Day) 18, (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 24,1895
9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John F. Mills
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. G. Albert Robinson Jr., Thurmont R.D. 1, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) ACUTE CORONARY ARTERY OCCLUSION — 8 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~XXXXXX~~ Inspection ~~XXXXXXX~~ find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Dunn, M.D. 620 Lee Place, Frederick, Maryland 7/18/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 21,1953
NAME OF CEMETERY OR CREMATORY: Myers Cemetery
LOCATION (City, town, or county) (State): Welsh Run, Penna.
DATE REC'D BY LOCAL REG. 20 July 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Hahn
24. FUNERAL DIRECTOR: M.R. Etchison & Son, ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AKT

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural Rt 1
LENGTH OF STAY (In this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rt 1 Frederick
STREET ADDRESS (If rural, give location) M. Frederick Rt #1

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) HENRY (Last) ROUTZAHN

4. DATE OF DEATH (Month) July (Day) 9 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1/27/1865
9. AGE last birthday 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Routzahn
14. MOTHER'S MAIDEN NAME Margarette Fulton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Henry Routzahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Pulmonary edema	3 days
Antecedent cause(s)	(b) arterio-sclerotic heart dis.	4 yrs. (±)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 9 July, 1953, that I last saw the deceased alive on 8 July, 1953, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE Charles H Conley Jr (Degree or title) M.D. ADDRESS Frederick Md DATE SIGNED 7/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 11, 1953
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 10 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
24. FUNERAL DIRECTOR H. E. Carty Co ADDRESS Frederick Md

DEPUTY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

7193 82

Reg. Dist. No. 9-131

1. PLACE OF DEATH:
County: Frederick Co.
City or town: Woodsboro Near Johnsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick Co.
City or town: Woodsboro – Near Johnsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Rural Route
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Helen Winfred Saylor

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): 12-15-1889

8. AGE: Years: 63 Months: 7 Days: 22 If less than one day: hrs. min.

9. Birthplace: Frederick Co. (Town, county, and state)
10. Usual occupation: Home Keeper
11. Industry or business:
FATHER 12. Name: S. Albert Saylor
13. Birthplace: Frederick Co Md
MOTHER 14. Maiden name: Susan Hoffman
15. Birthplace: Frederick Co Md
16. Informant: Mrs. Tessie Unger
Address: Westminster Md R.D
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-24-53 (month) (day) (year)
Cemetery or crematory: Pipe Creek near Uniontown
Location: Uniontown Md
18. Funeral director: Raymond R. Wright
Address: Union Bridge Md
19. July 24, 53 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 23 1953, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 21 1953, to July 23 1953 and that I last saw h.e.r. alive on July 23 1953

	DURATION
Immediate cause of death	
Due to: Coronary Occlusion	
Due to	
Other conditions	

420.1
(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. N. Legg M. D. or other
Address: Union Bridge Date signed: 7-24-53

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JUL 27 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: FREDERICK
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 316 E. 3d St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: FREDERICK
STREET ADDRESS (If rural, give location): 316 E. 3d St.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) JOSEPH (Last) SCHAEFER

4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: June 16, 1884

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer Forman

10b. KIND OF BUSINESS OR INDUSTRY: B&O RR

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry SCHAEFER

14. MOTHER'S MAIDEN NAME: Rose Bruchey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 705-05-0888

17. INFORMANT AND ADDRESS: 316 East Thord Street
Mr. Samuel H. Eppley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	ACUTE CORONARY ARTERY OCCLUSION	MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	ARTERIOSCLEROTIC HEART DISEASE	YRS.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert J. Imie, M.D. ADDRESS: 620 Lee Place, Frederick, Md. DATE SIGNED: 7-15-53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
DATE THEREOF: July 18, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 16 July 1953
REGISTRAR'S SIGNATURE: Elizabeth Y. Hoch
24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL - 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Frederick
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick -Rural
STREET ADDRESS (If rural give location): R.F.D #5, Shookstown

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) CONRAD (Last) SCHULTZ

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Forman, Box Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Brush Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Schultz

14. MOTHER'S MAIDEN NAME: Mary Ellen Blank

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 214-10-1979

17. INFORMANT & ADDRESS: R. Schultz Mrs. Isabell ~~H. Blank~~, Frederick, R.F.D. #5, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive arteriosclerotic cardiovascular disease. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 7-27, 1953, that I last saw the deceased alive on 7-27, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE: Ray R Martin (Degree or title) M.D. ADDRESS: Frederick, Maryland DATE SIGNED: 7/28/1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 30, 1953 — NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery — LOCATION (City, town, or county) (State): Rocky Springs, Maryland

DATE REC'D BY LOCAL REGISTRAR: 28 July 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Hoch.

24. FUNERAL DIRECTOR: M.R. Etchison & Son — ADDRESS: Frederick, Maryland

RECEIVED
JUL 29 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH BC

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium; LENGTH OF STAY (In this place) Since 5/1/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 429 Whitridge Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clinton	E.	Senft, Sr.	July	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10/4/1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Taxi Driver		Pennsylvania	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Senft	Emma J. Sell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Clinton E. Senft, Jr., 1105 Bonaparte Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	5 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/1, 1953, to 7/6, 1953, that I last saw the deceased alive on 7/6, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. B. Lyon, M.D.	State Sanatorium, Md.	7/9/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/9/53	Mooreland Memorial Park	Baltimore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/9/53	J. B. Lyon	M.I.Creager & Son,	Thurmont, Md.

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adamstown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) CONRAD (Last) SPECHT

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12 May 1897

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Specht

14. MOTHER'S MAIDEN NAME: Anna E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ruth W. Specht, Adamstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X
Immediate cause — (a) Basilar artery thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to July 6, 1953, that I last saw the deceased alive on July 6, 1953 and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Ray L. Martin M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 7 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10 July 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 7 July 1953 — REGISTRAR'S SIGNATURE: Frank R. Smith Jr. — DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]998

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont -rural
LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont - rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Charles (Middle) Milton (Last) Stambaugh
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. II, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Stambaugh
14. MOTHER'S MAIDEN NAME: Phoebe Weddle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Olive Stambaugh Thurmont RD I Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Congestive Heart failure — 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart disease Chronic Myofibrosis — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) SUICIDE HOMICIDE No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953, to July 27, 1953 that I last saw the deceased alive on July 27, 1953, and that death occurred at 11:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) James K. Gray. M.D. ADDRESS Thurmont Md. DATE SIGNED 7/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 30/53 — NAME OF CEMETERY OR CREMATORY U.B. Cemetery — LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REGISTRAR July 30, 1953 — REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M. L. Creager & Son — ADDRESS Thurmont, Md.

VS. 154

RECEIVED
AUG 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. ALL SAINTS ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
STREET ADDRESS (If rural, give location) 109 S. BENTZ ST.

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) HILL (Last) WASHINGTON
4. DATE OF DEATH (Month) JULY (Day) 4, (Year) 1953
5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH [illegible] 1891
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Hill
14. MOTHER'S MAIDEN NAME Minnie Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 220-05-6906
17. INFORMANT AND ADDRESS Clara Gilchrist Flint Hill Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4220 Immediate cause	(a)	ACUTE CORONARY ARTERY OCCLUSION	MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	ARTERIOSCLEROTIC HEART DISEASE	YRS
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D., 620 Lee Place, Frederick, Md. 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/8/53
NAME OF CEMETERY OR CREMATORY Hope Hill
LOCATION (City, town, or county) (State) Hopeland Md

DATE REC'D BY LOCAL REG. 8 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
24. FUNERAL DIRECTOR Chas. R. Kicks III ADDRESS Fred Md

DEPUTY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 9 1953
BUREAU

07101

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 15 East Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) MAY (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1953
5. SEX: female Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 4 May 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Stang
14. MOTHER'S MAIDEN NAME: Anna Joy
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Halfton J. Zimmerman, RD#1, Jefferson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) ~~Coronary Occlusion~~ — Interval Between Onset And Death ~~5 mi~~

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Myocarditis decompensated — 4 mo

DUE TO (c) Hypertensive C V disease — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1953, to July 4, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 4:45 A from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Sallett Brice M. D.
ADDRESS Jefferson, Maryland
DATE SIGNED 5 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6 July 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 6 July 1953
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
DEPUTY LOCAL REGISTRAR
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1953
BUREAU V. S.

07102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 440 East Patrick Street

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) R. (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: November 12, 1889

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Roderuck

14. MOTHER'S MAIDEN NAME: Levi Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Harry W. Zimmerman, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of uterus with metastases	6 months
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to July 15, 19 53, that I last saw the deceased alive on July 14, 19 53, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roy D. Martin M.D. — ADDRESS: 356 Church St Frederick Md — DATE SIGNED: 7-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 17, 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 16 July 1953 — REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUL 20 1953
BUREAU V. S.